

PATENT NUMBER

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| <p>O.I.P.E.</p> <p>SCANNED <i>MS @ G.A. he</i></p> | <p>PATENT DATE</p> |
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| APPLICATION NO. 09/591754 | CONT/PRIOR | CLASS 604 | SUBCLASS 891.1 | ART UNIT 3763 | EXAMINER Kennedy |
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APPLICANTS: Robert Walsh
J. Shapland
Donald Rohrbaugh
Donald Palme

TITLE: Cardiac disease treatment and device

PTO-2040
12/99

| ISSUING CLASSIFICATION | | | | | | | | | |
|-------------------------------------|-----------------|--|--|---------------------------|--|--|--|--|--|
| ORIGINAL | | | | CROSS REFERENCE(S) | | | | | |
| CLASS | SUBCLASS | | | CLASS | SUBCLASS (ONE SUBCLASS PER BLOCK) | | | | |
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| INTERNATIONAL CLASSIFICATION | | | | | | | | | |
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| <input type="checkbox"/> TERMINAL DISCLAIMER | DRAWINGS | | CLAIMS ALLOWED | | |
| | Sheets Drwg. | Figs. Drwg. | Print Fig. | Total Claims | Print Claim for O.G. |
| <input checked="" type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed. | _____ (Assistant Examiner) _____ (Date) | | | NOTICE OF ALLOWANCE MAILED _____ | |
| <input checked="" type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S. Patent. No. _____ _____ _____ | _____ (Primary Examiner) _____ (Date) | | | ISSUE FEE Amount Due _____ Date Paid _____ | |
| <input type="checkbox"/> The terminal _____ months of this patent have been disclaimed. | _____ (Legal Instruments Examiner) _____ (Date) | | | ISSUE BATCH NUMBER _____ | |
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